

Healthy Mothers, Healthy Babies: A Goal We Can All Help Attain

Demographers speak of the infant mortality rate as a "sensitive barometer" of our country's well-being. To the extent that that is true, we have reason to be concerned.

Although infant mortality rates in the United States have been dropping steadily for a decade, the overall rate for 1982 (provisional data) is 11.3 per 1,000 live births. But the rate for black infants is almost double that figure. Moreover, our infant mortality rates vary from city to city: some cities have rates as high as 27 deaths per 1,000 live births.

It has been said that the first day is the most dangerous day of anyone's life. For some babies, the first day—even the first month—is perilous indeed. Our neonatal mortality rate is 9.5 per 1,000 live births. Some 45,000 infants die each year—literally before they have had a chance to live.

We know that infants with low birth weights are in particular danger: two-thirds of infants who die weigh less than 5 pounds 7 ounces at birth. Low birth weight is also associated with increased occurrence of mental retardation, developmental difficulties such as slowness in walking or talking, growth problems, and central nervous system disorders.

Each year some 240,000 American babies are born with defects. Many of these problems are extremely hard to ameliorate—but might be prevented by special efforts to get prenatal information to those women at highest risk of bearing low-birth-weight babies. We have learned that such women include those with low income, those who are teenagers or over 40, members of minority groups, women who use cigarettes or alcohol, and those who do not receive professional prenatal care.

The Healthy Mothers, Healthy Babies Coalition, a network of more than 60 organizations (Federal, professional, and voluntary), is working to reach *all* women in the childbearing years with prenatal information—but particularly those at highest risk.

In September I participated in the second national meeting of the Coalition, attended by health professionals and community leaders from every part of

the United States. The participants had a common purpose: a concern for maternal and infant health. At that meeting a critically important aspect of the Coalition was discussed, the formation of Coalition chapters in every State. I am pleased that many of these chapters are currently in formation. They will continue, and strengthen, the educational activities begun by the national Coalition.

As part of a national strategy for achieving better health for all Americans, we have set ourselves a goal to reduce the U.S. infant mortality rate—for *all* groups and in *all* our cities—to 9 per 1,000 live births by 1990. By working together—Federal agencies, private organizations, and professional groups—we can pool resources, information, and facilities to reach pregnant women at particular risk. Public health measures and educational campaigns have proven their value in the past, but we have a new challenge before us. Let us work together to save our children—our future.

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Secretary of Health and Human Services

Dialog on the Issues of Prevention Research: a Response to Dr. Krause

This issue of *Public Health Reports* contains an article by Dr. Richard Krause, the Director of the National Institute of Allergy and Infectious Diseases, which raises some interesting questions about prevention research policy. As Dr. Krause indicates in "The Beginning of Health Is to Know the Disease," we are being challenged to review research policy with the purpose of redirecting priorities and resources to prevention research. This challenge has stimulated discussion of a number of questions: What research activities constitute prevention research? At what point in our knowledge about disease should preventive interventions be tested and applied? How should a finite Federal research budget be allocated between basic biomedical research and research designed to be specifically applicable to prevention? There are no simple answers to these questions. However, in the spirit of the debate, I would like to offer some thoughts on these questions.

We need to be clear about what research endeavors constitute prevention research. Many argue